1307655

FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	ige burden
hours per respo	

SEC US	SE ONLY
Prefix	Serial
DATE R	ECEIVED
1	1

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	GEIVED SOON TOOL
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
i Candy, LLC	The same of the sa
Address of Executive Offices (Number and Street, City, State, Zip Code) 7929 Santa Monica Blvd., West Hollywood, CA 90046	Telephone Number (Including Area Code) 818-986-9633
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	MOV 0 a a
Operator of restaurant/bar	NOV 0 3 2004 Z
business trust limited partnership, to be formed Lim	please specify):  ited Liability Company
Month Year Actual or Estimated Date of Incorporation or Organization: 10 04 Actual Esti Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	lly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only repo	ort the name of the issuer and offering, any changes

Filing Fee: There is no federal filing fee.

not be filed with the SEC.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted UI.OE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9



			A. BASIC IDI	ENTH	ICATION DATA	Ę.			
2. Enter the information re	quested for the fo	llowin	g:					·····	
• Each promoter of t	he issuer, if the iss	suer h	as been organized w	ithin t	he past five years;				
<ul> <li>Each beneficial ow</li> </ul>	ner having the pow	er to v	ote or dispose, or di	rect th	e vote or disposition o	of, 109	% or more o	f a clas	s of equity securities of the issuer
<ul> <li>Each executive off</li> </ul>	icer and director o	f corp	orate issuers and of	corpo	rate general and man	aging	partners of	partne	rship issuers; and
Each general and n	nanaging partner o	f parti	nership issuers.						
Check Box(es) that Apply:	Promoter	<b>✓</b>	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	C: 1: 1 1)				<del>-</del>				
Full Name (Last name first, i Tyler Robuck	f individual)								
Business or Residence Addre 17127 Clemons Dr., Enc		Street	, City, State, Zip Co	ode)	:	·			
Check Box(cs) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)				v: \				
Business or Residence Addre	ss (Number and	Street	, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street	, City, State, Zip Co	ode)					
!					1,				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)				1	***************************************			. ,
Business or Residence Addre	ess (Number and	Street	t, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ess (Number and	Street	t, City, State, Zip Co	ode)	:				· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)					***************************************			
Business or Residence Addre	ess (Number and	Street	t, City, State, Zip Co	ode)	·				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)				: .				
Business or Residence Addre	ess (Number and	Stree	t, City, State, Zip C	ode)					
1	(lise blo	ink ch	eet or conv and use	additi	ional conies of this s	heet '	as necessari	7)	

4			*	3	B. II	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the	issuer sold	l, or does th	e issuer ir	ntend to se	ll. to non-a	ccredited i	nvestors in	this offeri	ng?		Yes	No 💌
	1100 ,		,			Appendix,				-		لسا	
2.	What is	the minim	um investm	ent that w	ill be acce	pted from a	ıny individ	ual?				\$_20,	000.00
3.	Does th	e offering :	permit joint	ownershi	n of a sino	le unit?	,					Yes	No <b>⊠</b>
4.			ion request									LJ	
	If a pers	son to be lis s, list the na	ilar remuner ted is an ass ume of the bu you may se	ociated pe roker or de	rson or age caler. If mo	nt of a brok ore than five	er or deale e (5) persor	r registered is to be list	l with the S ed are asso	EC and/or	with a state		
Ful	l Name (	Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	umber and	d Street, Ci	ty, State, Z	Cip Code)						
Nai	me of As	sociated Br	oker or Dea	aler									
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	,					
	(Check	"All States	or check	individual	States)	·····	*****************			***************		☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Fu	II Name (	Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	Number an	d Street, C	City, State,	Zip Code)						
Na	me of As	sociated Bi	oker or Dea	aler				<del></del>					
Sta	ites in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)	******************			••••	*************	•••••••	☐ Al	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS	KY NJ	LA	ME	MD NC	MA	MI	MN	MS	MO PA
:	RI	SC	SD	NH TN	TX	NM UT	NY VT	VA	ND WA	OH WV	OK WI	OR WY	PR
Fu	II Name (	Last name	first, if indi	vidual)			<del></del>		-				
Bu	siness or	Residence	: Address (N	Number an	d Street, C	City, State,	Zip Code)						
Na	me of As	sociated Bi	roker or Dea	aler									
Sta	ites in Wi	hich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers	· · · · · · · · · · · · · · · · · · ·					
- •			s" or check							••••••		☐ Al	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT]	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC   VA	ND WA	OH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Type of Security  Debt	1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, chec this box and indicate in the columns below the amounts of the securities offered for exchange an already exchanged.	k		
Equity				е	Amount Already Sold
Conwortible Securities (including warrants)   S   S		Debt	\$		\$
Conwortible Securities (including warrants)   S   S		Equity	., \$ 1,000,000.	00	\$ 0.00
Partnership Interests					
Partnership Interests		Convertible Securities (including warrants)	\$		\$
Other (Specify					
Accredited Investors					
Answer also in Appendix, Column 3, if filing under ULOE.  2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."    Number					
offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."    Number   Number   Investors					
Accredited Investors	2.	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indica the number of persons who have purchased securities and the aggregate dollar amount of the	te		A
Non-accredited Investors			Investors		Dollar Amount of Purchases
Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504  Total  A  Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees  Sales Commissions (specify finders' fees separately)  Other Expenses (identify)					·
Answer also in Appendix, Column 4, if filing under ULOE.  3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering Type of Offering Rule 505 Regulation A Rule 504 Rule 504 Rule 504 Rule 504 Rule 504 Rule 505 Regulation A Rule 504 Rule 505 Regulation and statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees Printing and Engraving Costs Regula Fees Rule 504 Rule 504 Rule 505 Regulation A Rule 505 Regulation A Rule 506 Regulation A Rule 507 Rule 508 Regulation A Rule 50					
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504  Total  To		Total (for filings under Rule 504 only)	<u>U</u>		\$_0.00
Type of Offering Rule 505 Regulation A Rule 504 Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify)  Sold  N/a  \$ 0.00  n/a \$ 0.00  **  \$ 0.00	3.	sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the	ne		
Rule 505		Type of Offering	• •		Dollar Amount
Regulation A \$ 0.00  Rule 504		•			
Rule 504				_	· ———
Total				_	
4 a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees   \$\\$\]  Printing and Engraving Costs   \$\\$\\$\]  Legal Fees   \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$				_	
Printing and Engraving Costs	4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure. The information may be given as subject to future contingencies. If the amount of an expenditure	ne er.		T
Legal Fees \$\times \tag{\frac{15,000.00}		Transfer Agent's Fees			\$
Accounting Fees \$\times \\ \times \\		Printing and Engraving Costs			\$
Accounting Fees		Legal Fees	•••••	<u> </u>	\$_15,000.00
Sales Commissions (specify finders' fees separately)  Other Expenses (identify)  \$		Accounting Fees	***************************************		\$ 4,000.00
Other Expenses (identify) \$		Engineering Fees		_	\$
10,000,00		Sales Commissions (specify finders' fees separately)			\$
10,000,00		Other Expenses (identify)	•••••		\$
		Total	•••••	<b>V</b>	\$_19,000.00

	C. OFFERING PRICE, NUMBE	ER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Qu proceeds to the issuer."	uestion 4.a. This difference is the "adjusted gross	3	981,000.00
5.	Indicate below the amount of the adjusted gross proceed of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	purpose is not known, furnish an estimate and ne payments listed must equal the adjusted gross	1	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$	
	Purchase of real estate		<b>\$</b>	\$
	Purchase, rental or leasing and installation of machi and equipment	inery	<b></b>	<b>2</b> \$ 89,000.00
	Construction or leasing of plant buildings and facili	ties		279,000.00
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	or securities of another	\$	<b>☑</b> \$ <u>360,000.00</u>
	Repayment of indebtedness		<b>\$</b>	. []\$
	Working capital		<b>\$</b>	\$ 30,000.00
	Other (specify): Insurance, deposits, visual comm	nunications, design & development fees	\$	\$ 223,000.00
			<b>\$</b>	\$
	Column Totals		<u>\$ 0.00</u>	981,000.00
	Total Payments Listed (column totals added)		\$_9i	31,000.00
	では、高神智等を指しています。 というは、神神などは大いできます。	D. FEDERAL SIGNATURE	1	
sigi	issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furni information furnished by the issuer to any non-accre-	ish to the U.S. Securities and Exchange Commi	ssion, upon writte	
Issu	er (Print or Type)	Signature	Date	
i C	andy, LLC	1, Ja. ~	10/28/0	4
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Tyle	r Robuck	Manager		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (1 ( ) ( ) ( ) ( ) ( )	Signature	Date
i Candy, (5) S	That	10/28/04
Name (Pr	Title (Print or Type)	
Tyler Rob	Manager	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1				AP	PENDIX			5	
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and rchased in State C-Item 2)		Disqual under Sta (if yes, explana waiver (Part E-	ification te ULOE attach tion of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	1				,				- 144 - 1
AK									
AZ			ı		,				
AR									
CA	×		Pref. Units,						×
со									
CT	- Charles - Charles Building Building								
DE						**			
DC		L				:			
FL						:			
GA									
ні	10.00								
ID									
· IL						1			
ΙΝ	- AP & THE STREET, COMPANY, CO								
ΙA						1,			
KS						N.			
KY						. :			
LA									
МЕ	an of the second designation					'			
MD									
MA	r								
MI			The state of the s						
MN									
MS									

		i gazini T		APP	ENDIX					
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО	and the state of t									
MT						,				
:NE										
NV	0 PT 10K BY 1-10 BANGARAN									
NH										
ŊJ	1									
NM			,			!				
NY			'			- 44				
NC										
ND	and the second and address of pullbound									
ОН										
ıОК			e de la constanta de la consta			a l				
OR									anima a jed	
PA			Common or common			1				
RI										
SC						1				
SD										
TN										
TX										
UT										
VT						* 1				
VA										
WA										
WV										
WI			-							

4				APP	ENDIX				
1		2	3		4				
	to non-a	d to sell accredited is in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of amount pu (Part	under Sta (if yes, explan waiver	lification ate ULOE attach ation of granted) -Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY				·	:				
PR									